Name (print)	Office (if applicable)	District (if applicable)
Mailing Address (include	de city and zip code)	Telephone No.
E-Mail Address		1 CAN 316
Select Appropriate B	ox(es) ☐ CANDIDATE ☐ PAC ☐ BAG ☐ I	POL PRTY IND EXP AMENDED
Office with Office with Office with	Aug. 23, 2002 — Oct. 24, 2002	claim
Report Period: This figure Unspent Co	Oct. 25, 2002 — Jan. 3, 2003 BAGs only: Period: Oct. 25, 2002 – Dec. 5, 2002	gainst. 12 2
2. To lam c all an 3. Interest a 4. TOTA A 5. Total m 6. Total an 7. Total an 8. Expense	ount of monetary contributions in excess of \$100 or 185 ount of monetary contributions of \$100 or 185 ount of monetary contributions of \$000 or estand income earned on contributions, if any MOUNT OF ALL MONETARY CONTRIBUTIONS (add lines 1 the contributions). EXPENSES SUMMARY contributions in each of \$100 or restand and expenses of \$100 or restand	out this Sign it ties of
10. Total ar		from 4)
Signature		Date Executed On